

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

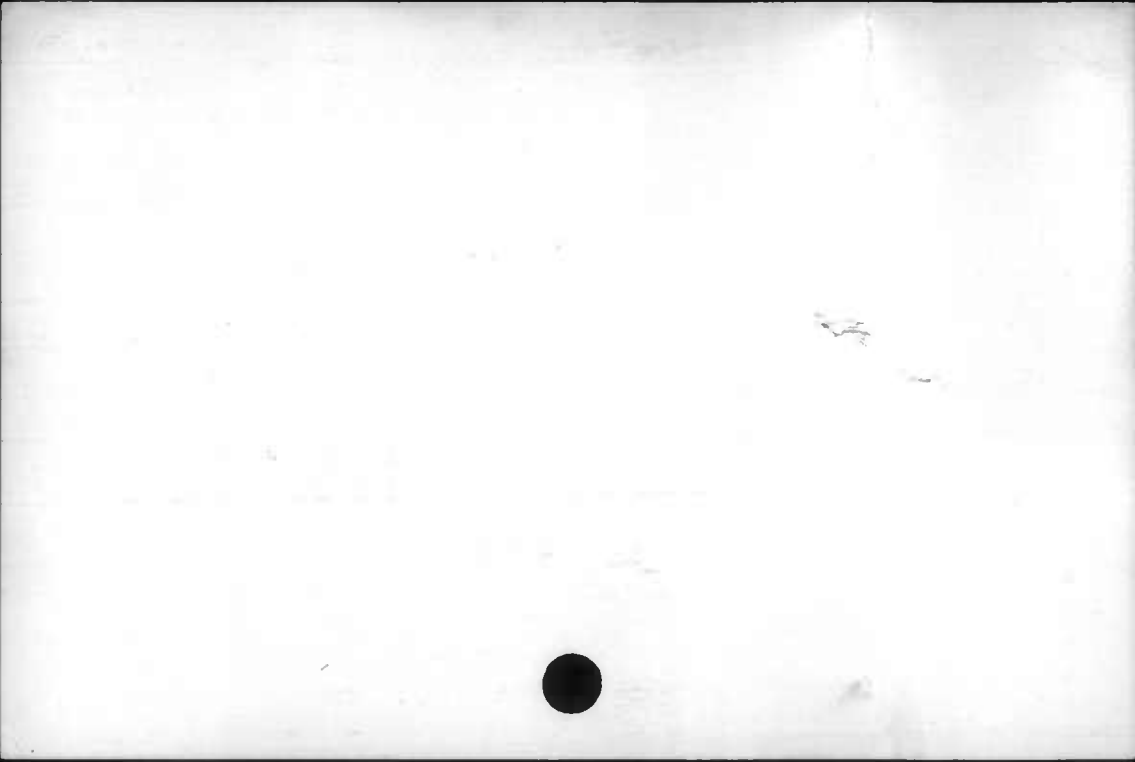
Name <i>Nellie Bryan</i>		Town <i>Clowery</i>		County <i>Montgomery</i>		State <i>MARYLAND</i>	
Died at <i>Clowery</i>		Month <i>Sept</i>		Day <i>19</i>		Years <i>19</i>	
Date of death <i>1909</i>		Month <i>Sept</i>		Day <i>19</i>		Age <i>19</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth place <i>Clowery Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Mar.</i>		Name of Wife or Husband <i>Elice Bryan</i>					
Father's Name <i>Granville Harding</i>		Father's Birthplace <i>Princerville Md</i>					
Mother's Maiden Name <i>Kate Williams</i>		Mother's Birthplace <i>Princerville Md</i>					
Name of person giving Information <i>Elice Bryan</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of Bowels</i>	How long <i>2 years</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. R. Batorn</i>
Accident or Suicide	Address <i>Princerville Md</i>



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Ralph Ruston* Town *Guinea Orchard* County *Montgomery*
Died at
Date of death *1909* Month *9* Day *28* Age *16* Months *—* Days *16*
Sex *Male* Color or Race *White* Birth-place
Occupation
Where Residing if not at place of death

Married, Single or Widowed
Name of Wife or Husband
Father's Name *Chas. B. Howard* Father's Birthplace *Ark.*
Mother's Maiden Name *Adelaide M. Small* Mother's Birthplace *W.D.*
Name of person giving Information *Chas. B. Howard* How related to deceased *Father*

CAUSES OF DEATH

55



PHYSICIAN
OR CORONER

Primary *Auto Intoxication* How long *4 days*
Immediate *Exhaustion* How long *12 hours*
Are the name, age, sex, color, date and place correctly given above? *yes*
Signature of Physician *E. C. Edchison*
Address *Washington Md*
Accident or Suicide



Name
in
Full

Henrietta Campbell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Grifton</i> ^{Town}		<i>Moulbourn</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>Sept</i> ^{Month}	<i>21</i> ^{Day}	Age <i>75</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Moulb Co., Md</i>		
Occupation <i>No occupation</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>John Campbell</i>				
Father's Name <i>Not known</i>	Father's Birthplace <i>Not known</i>				
Mother's Maiden Name <i>Not known</i>	Mother's Birthplace <i>Not known</i>				
Name of person giving information <i>Betty J. Russell</i>		How related to deceased <i>Son in law</i>			

CAUSES OF DEATH

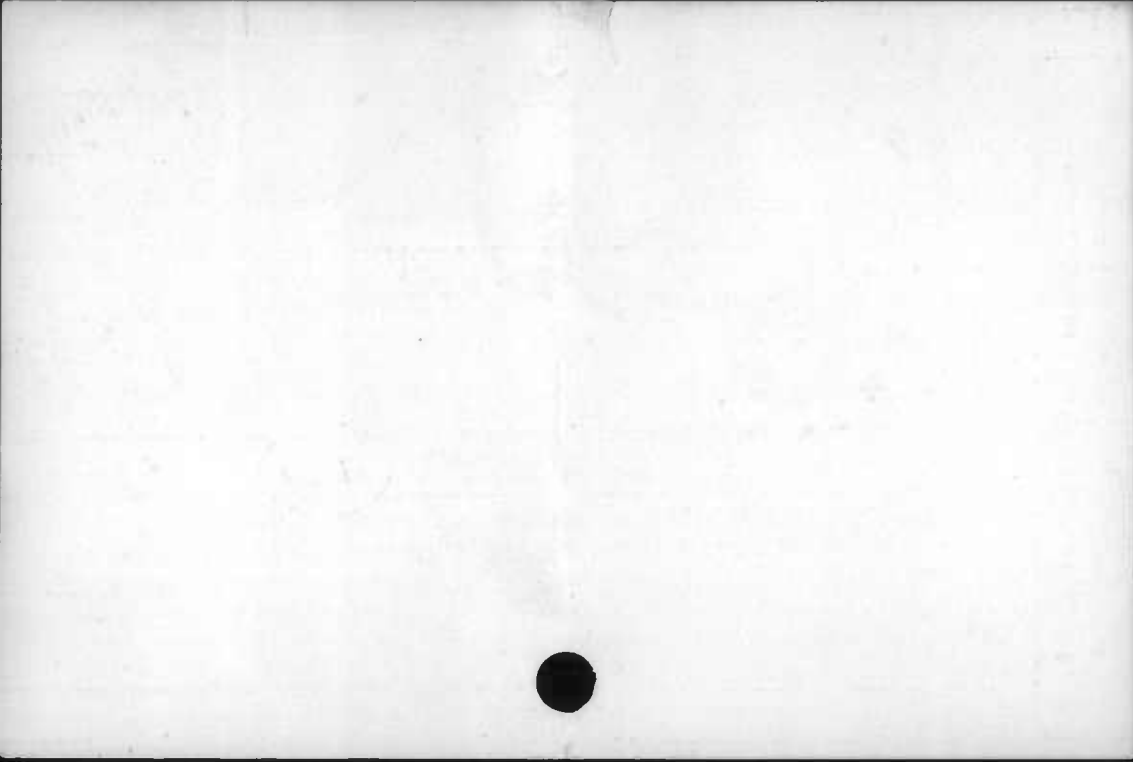
120

PHYSICIAN
OR CORONER

Primary <i>Bright's disease</i>	How long <i>About one year</i>
Immediate <i>Asthma</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. Farguehar.</i>
	Address <i>Olney, Md.</i>
Accident or Suicide?	



Name in Full		Sarah W. Day				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Date of death		Month		Day		Years	
	1909		Sept.		30		Age 79	
	Sex		Color or Race		Birth-place		Months	
	Female		White		Md		Days	
	Occupation		Where Residing if not at place of death					
	Housewife		—					
Married, Single or Widowed		Name of Wife or Husband						
Married		Mildred Day						
Father's Name		Father's Birthplace						
Ba		Beall				Md		
Mother's Maiden Name		Mother's Birthplace						
Matilda Mark		Md						
Name of person giving information		How related to deceased						
James E. Day		Son						
		CAUSES OF DEATH		154		✓		
PHYSICIAN OR CORONER	Primary		How long					
	Smile delirium		2 mo					
	Immediate		How long					
	Exhaustion		—					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address				
yes		R. E. Felt		Rumpleton				
Accident or Suicide?						Md.		
		Accident - Sub. Reg.				LIBRARY BUREAU 488618		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
190 SEP 27 1909				1			
Sex	Female	Color or Race	White	Birthplace	Montg' Co. Md.		
Occupation	Infant	Where Residing if not at place of death		X			
Married, Single or Widowed	Single	Name of Wife or Husband		X			
Father's Name	Joseph Edward Gilliss			Father's Birthplace	Montg' Co. Md.		
Mother's Maiden Name	Emily M. Clagett			Mother's Birthplace	Montg' Co. Md.		
Name of person giving Information	Joseph E. Gilliss			How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchitis	How long	13 days
Immediate	Broncho pneumonia	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. J. Pratt
Yrs		Address	Colomac Md.
Accident or Suicide		X	



Name
in
Full

Samuel Hicks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Rockville* Town

Montgomery County

Date of death *1909 Sep* Month

Day *30*

Age *27* Years

Months

Days

Sex *male*

Color or Race *black*

Birth-place *Ind*

Occupation *farm hand*

Where Residing if not at place of death

Married, Single or Widowed *single*

Name of Wife or Husband

Father's Name *Frank Hicks*

Father's Birthplace *Ind*

Mother's Maiden Name *Nettie Buckwith*

Mother's Birthplace *Ind*

Name of person giving information *Daisy Osborn*

How related to deceased *sister*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Pulmonary tuberculosis*

How long *9 mos*

Immediate *Pulmonary tuberculosis*

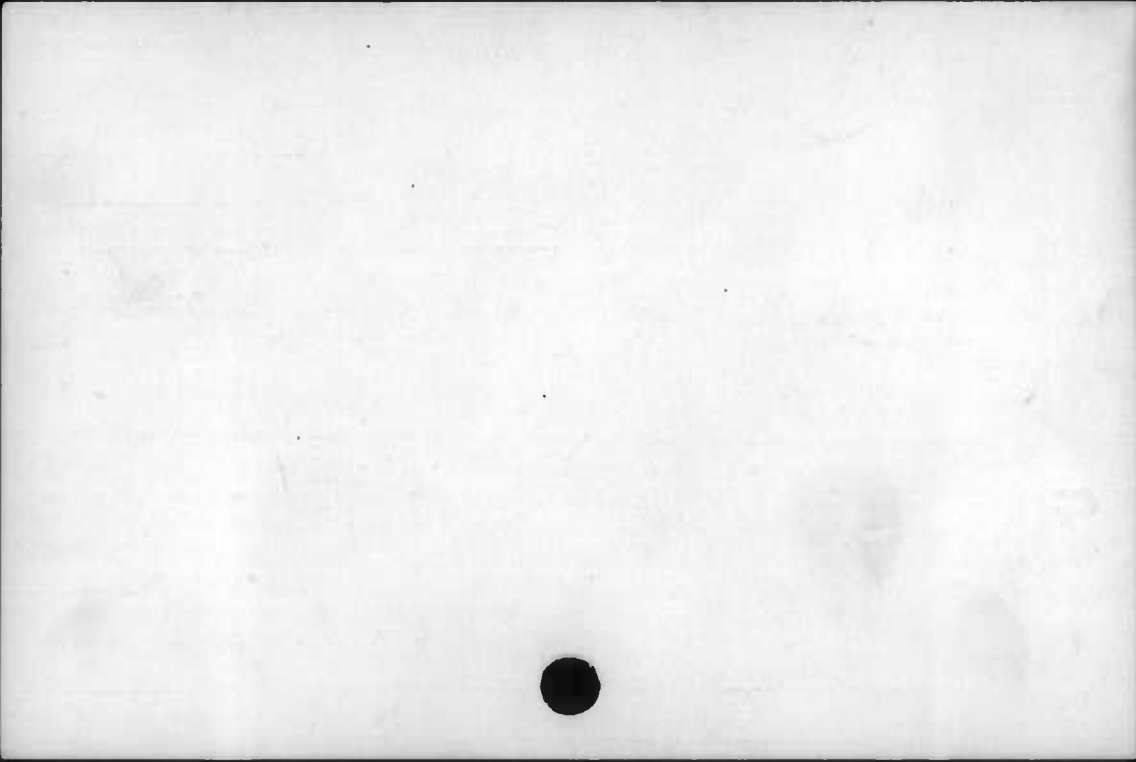
How long *9 mos*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *A. B. Anderson*

Address *Rockville*

Accident or Suicide? *no*



Name
in
Full

Unnamed Baby 1 Edward Huffer
Rose Huffer

CERTIFICATE OF DEATH

Town

County

Died at

Danmouille

Montg

MARYLAND

Date

of death 1909

Month

9

Day

27

Age

Years

Months

2

Days

—

Sex

Female

Color or
Race

White

Birth-
place

Poulesville Md.

Occupation

Where Residing if not
at place of death

—

Married, Single
or Widowed

Name of Wife or
Husband

—

Father's
Name

Edward Huffer

Father's
Birthplace

Friedrichs Md

Mother's
Maiden Name

Rosa Miles

Mother's
Birthplace

Montg Co Md.

Name of person giving
Information

Edward Huffer

How related
to deceased

Father

CAUSES OF DEATH

Primary

Inanition

How long

3 mo

Immediate

Asthemia

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

U. D. House

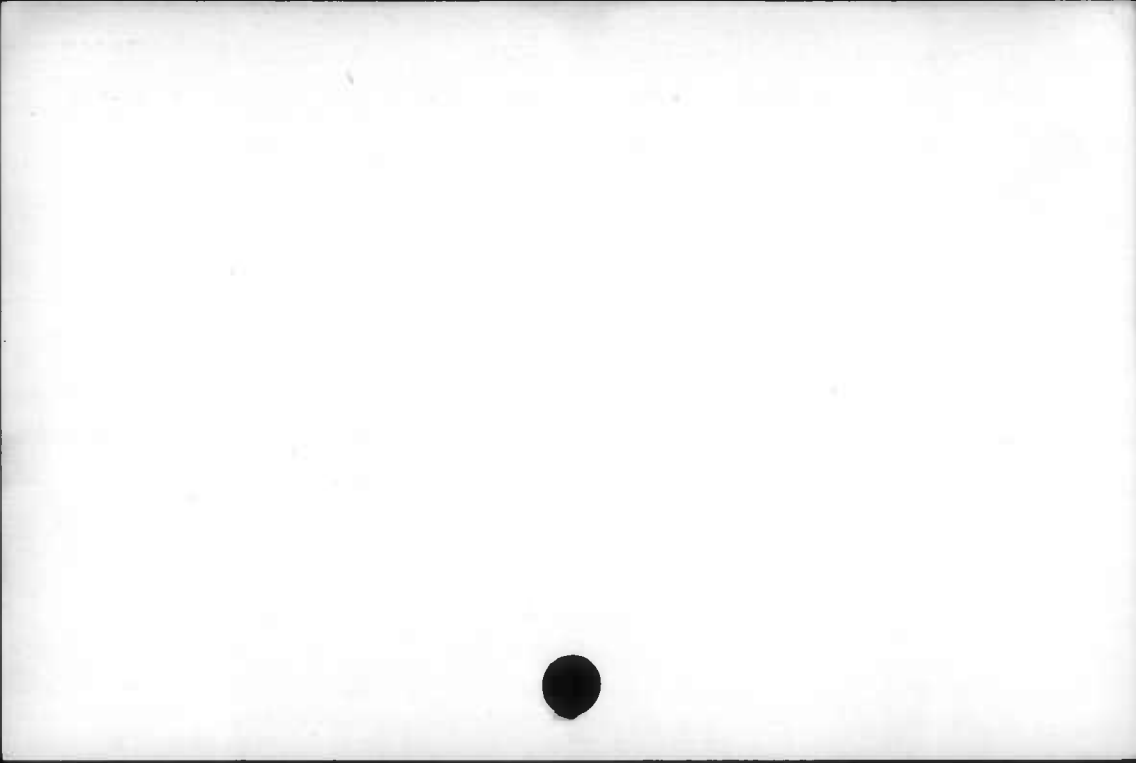
Address

Danmouille Md.

Accident or Suicida

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Arthur Vernon Jenkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Coleville</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month	<i>Sept.</i>	Day	<i>8</i>
Age	<i>1</i>	Years	<i>0</i>	Months	<i>8</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Md.</i>
Occupation	<i>None</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>None</i>		
Father's Name	<i>Earl Jenkins</i>			Father's Birthplace	<i>Va</i>
Mother's Maiden Name	<i>Florence Taylor</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>"</i>			How related to deceased	<i>Mother</i>

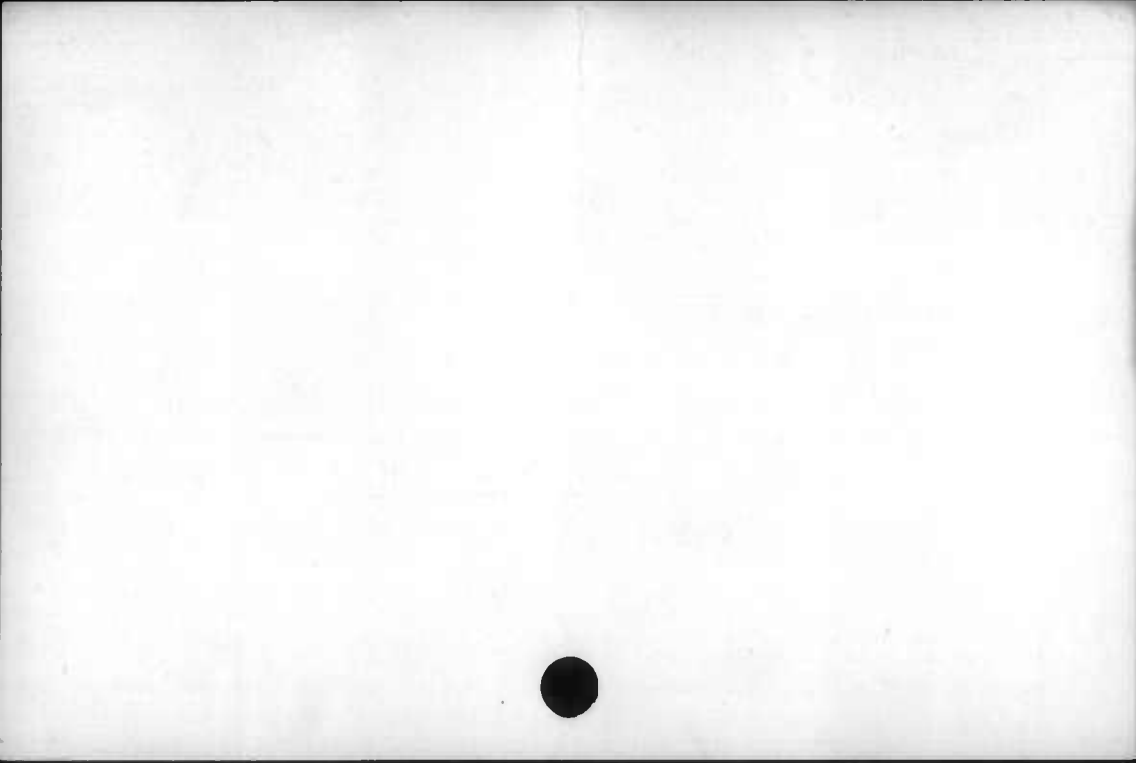
CAUSES OF DEATH

105

✓

PHYSICIAN
OR CORONER

Primary	<i>Enterocolitis</i>	How long	<i>6 days.</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes.</i>		<i>H. J. Brown</i>	
		Address	
		<i>Silver Spring</i>	
Accident or Suicide?			



Name
in
Full

Emma L Johns

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Otterbourne* Town *Montgomery* County
Date of death 190 *9* Month *Sept.* Day *7* Age *61* Years Months *3* Days *12*
Sex *Female* Color or Race *White* Birth-place *Pennsylvania*
Occupation *Retired* Where Residing if not at place of death

☒ Married, Single or Widowed Name of Wife or Husband
Father's Name *Robert H. Johns* Father's Birthplace *Pa*
Mother's Maiden Name *Sarah Berch* Mother's Birthplace *Unknown*
Name of person giving Information How related to deceased

CAUSES OF DEATH

(43) ✓

PHYSICIAN
OR CORONER

Primary *Cancer of breast* How long *Two years*
Immediate

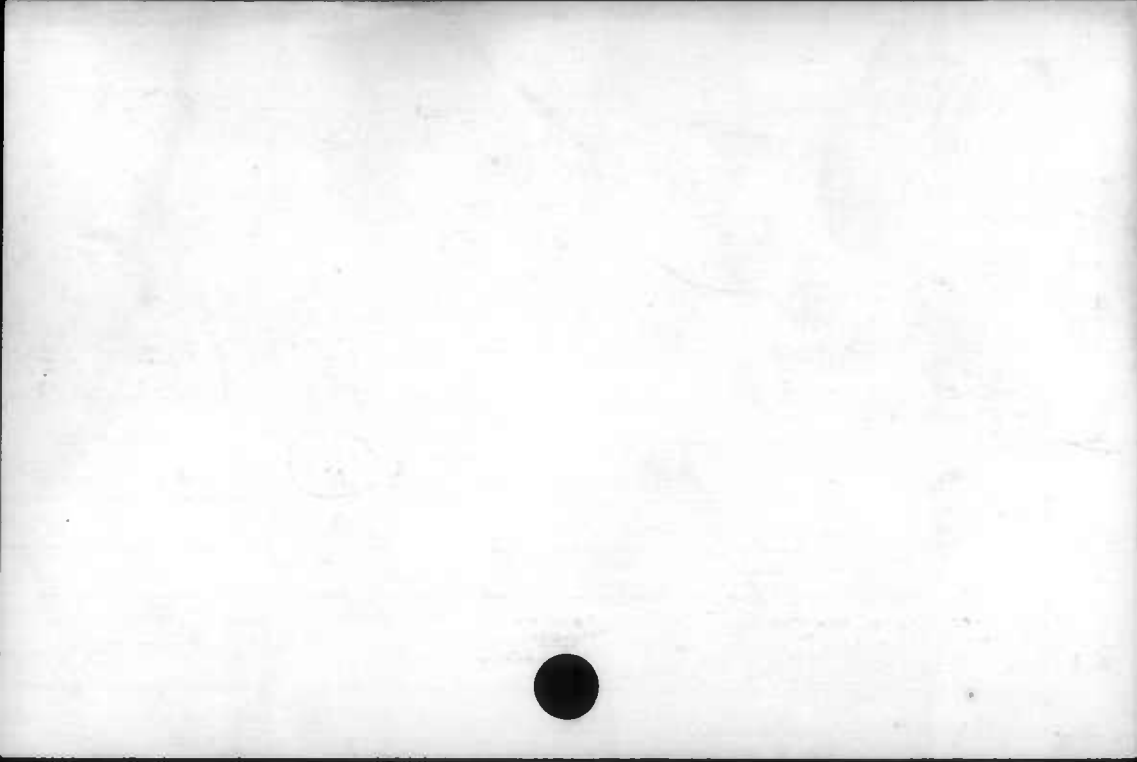
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Roy Dadaus.
926-17th St NW
Washington D.C.

Accident or Suicide



Name
in
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

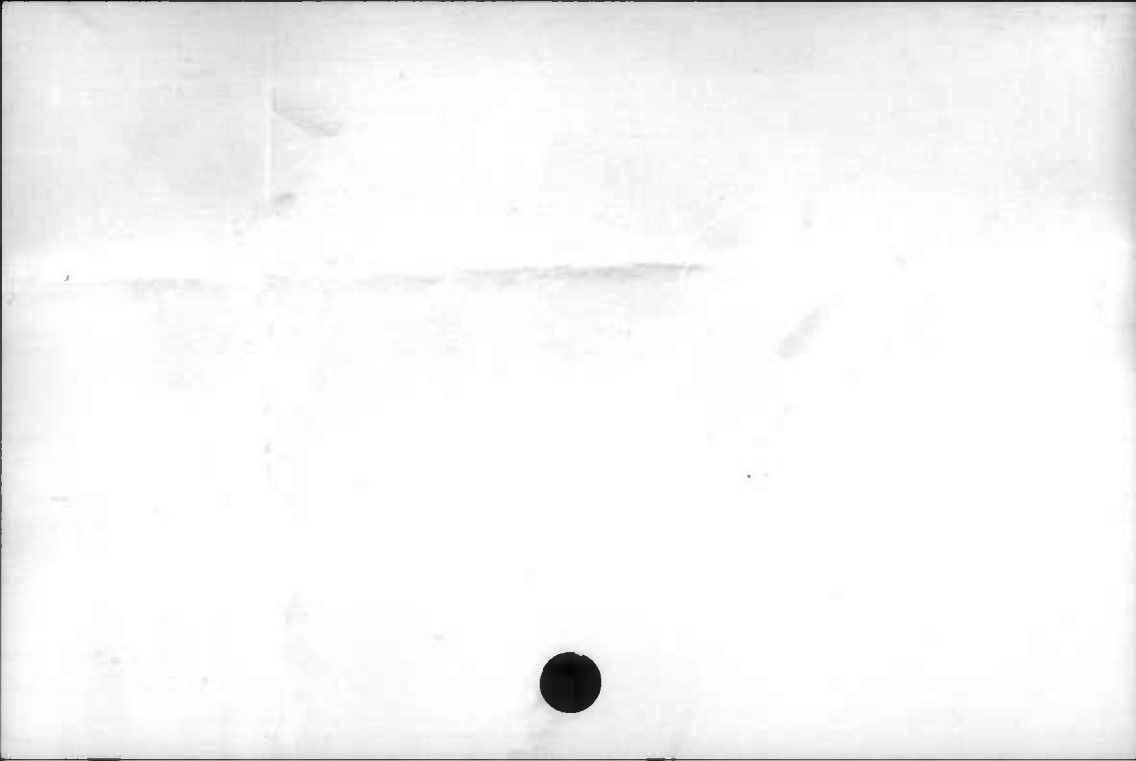
Died at <i>Calderville</i>		Town		<i>Monty</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>Sept</i>		Day <i>1</i>		Years <i>83</i>		Months	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth place <i>Monty Co Md</i>		Where Residing if not at place of death			
Occupation <i>Farmer</i>		Married, Single or Widowed		Name of Wife or Husband <i>Minnie Johnson</i>		Father's Name <i>Hinson Johnson</i>		Father's Birth place <i>Monty Co Md</i>	
Mother's Maiden Name <i>Charlet Kelley</i>		Name of person giving Information <i>George Smith</i>		Mother's Birth place <i>Monty Co Md</i>		How related to deceased <i>brother in law</i>			

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>General debility</i>		How long <i>1 year</i>	
Immediate <i>Heart failure</i>		How long <i>2 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. R. Watson</i>	
Address <i>Spencerhill Md</i>			
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Dorcas Jones.

Town

Cabin John

County

Montg

Died at

Date

of death 190

Month

SEP 10 1909

Day

Age

Years

84

Months

Days

MARYLAND

Sex

Female.

Color or
Race

Black.

Birth-
place

Unknown

Occupation

Housewife

Where Residing if not
at place of death

X

Married, Single
or Widowed

Widowed.

Name of Wife or
Husband

Peter Jones

Father's
Name

Serrina Davis

Father's
Birthplace

Montg Co. Md.

Mother's
Maiden Name

Mary Davis

Mother's
Birthplace

Montg Co. Md.

Name of person giving
Information

Chas Harris

How related
to deceased

None.

CAUSES OF DEATH

66

✓

PHYSICIAN
OR CORONER

Primary

Unknown

How long

Immediate

Unknown (Said to have been Paralysis)

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

None in attendance

Address

Reported by W. I. Platt

Accident or Suicide

Neither

Potosi - Md.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Elysa Beck* Town *Pooheaville* County *MONTGOMERY*
 Died at *Pooheaville* Month *Sept* Day *27* Years *9* Months *4* Days *-*
 Date of death *1909 Sept 27* Age *9 1/4* about *-*
 Sex *Female* Color or Race *Colored* Birth-place *MD*
 Occupation *House cleaning* Where Residing if not at place of death *Same*
 Married, Single or Widowed *Widow* Name of Wife or Husband *Henry Beck*
 Father's Name *Unknown* Father's Birthplace *Unknown*
 Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*
 Name of person giving Information *Richard Prother* How related to deceased *Grand son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Close burned on her* How long *167*
 Immediate *Asphyxia by flames of fire* How long *11 min*
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *EW White*
 Address *Pooheaville MD*
 Accident or Suicide *Accident*



Name
in
Full

Minnie Louisa Lincoln

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mar Etchison</i>		Town <i>Montgomery</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Sept</i>	Day <i>23</i>	Age <i>33</i>	Years <i>4</i>	Months <i>14</i>	Days <i>14</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Montgomery Co</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Joseph H Lincoln</i>					
Father's Name <i>John Riggs</i>		Father's Birthplace <i>Montgomery Co</i>					
Mother's Maiden Name <i>Mary E Frazier</i>		Mother's Birthplace <i>Montgomery Co</i>					
Name of person giving Information <i>Joseph H Lincoln</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Nephritis</i>	How long <i>3 Mon</i>
Immediate <i>Necrosis</i>	How long <i>1 Week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M H Wagon</i>
	Address <i>Laytonsville Md</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

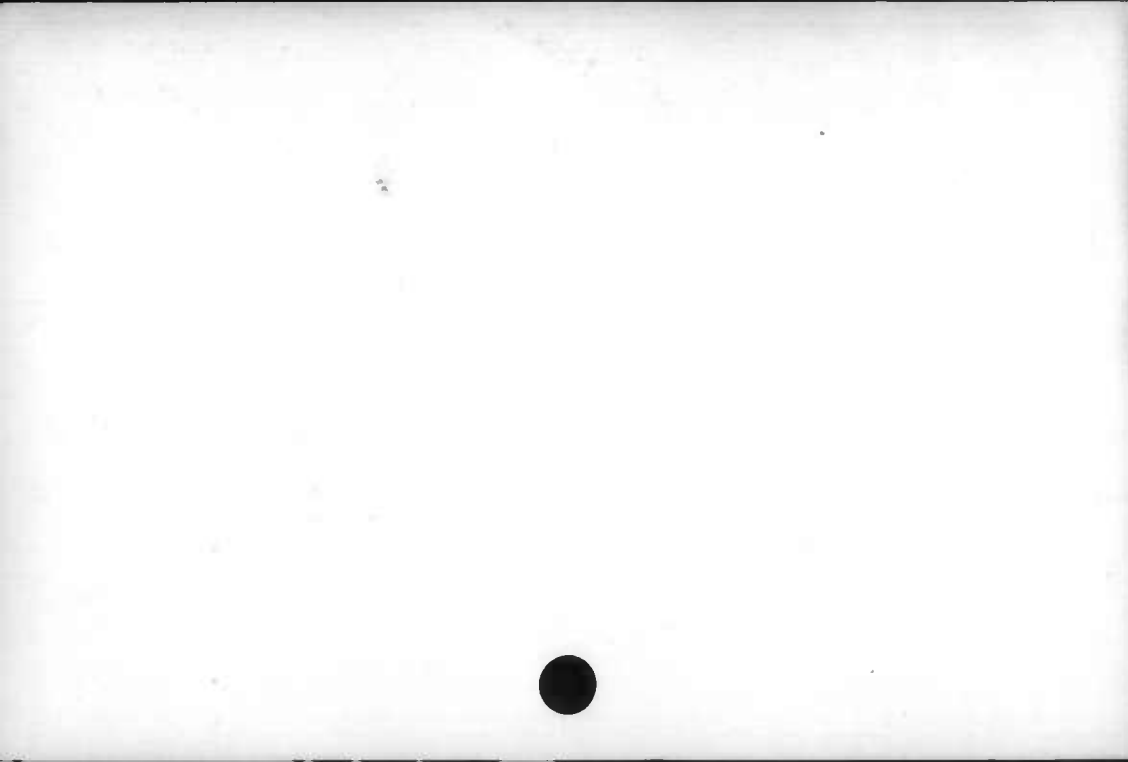
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Harriet Lynch		Town Sugarland		County Trinity		State MARYLAND	
Died at Sugarland		Month 9		Day 13		Years 8	
Date of death 1904		Month 9		Day 13		Years 8	
Sex Female		Color or Race Negro		Birth-place Ind.		Months _____	
Occupation Domestic		Where Residing, if not at place of death At Sugarland		Months _____		Days _____	
Married, Single Widowed		Name of Wife or Husband Reason Lynch		Father's Birthplace Ind.		Mother's Birthplace Ind.	
Father's Name Patrick Helious		Mother's Maiden Name Eliza Brun		Name of person giving Information Daughter - Harriet Lynch		How long 3 wks	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cholera	How long 3 wks
Immediate Enteritis	How long 24 hrs
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician U. D. Moore
Accident or Suicide	Address Darrowsville Ind



Name
in
Full

William J Mockbee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Dickerson ^{Town} Montgomery ^{County} MARYLAND

Date of death 190 9 ^{Month} 9 ^{Day} 28 Age 73 ^{Years} 22 ^{Months} 22 ^{Days}

Sex Male Color or Race White Birth-place Brookville

Occupation Shoe Merchant Where Residing if not at place of death Washington D.C.

Married, ~~Single~~ or Widowed Name of Wife or Husband Maggie S. Mockbee

Father's Name Richard Mockbee Father's Birthplace Brookville

Mother's Maiden Name Margaret Mockbee Mother's Birthplace "

Name of person giving Information Harry E Mockbee How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Hemiplegia Cerebral 64 ^{How long} 14 days

Immediate Cardiac Cathemia 2 days ^{How long}

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician CW White

Address Brookville

Accident or Suicide mt



Name
in
Full

Katherine Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Germananton</u> Town		<u>Ninety</u> County		MARYLAND	
Date of death	190 <u>9</u> Month <u>9</u> Day <u>20</u> Years <u>27</u> Age <u>27</u>	Months <u>—</u>	Days <u>—</u>		
Sex <u>Female</u>	Color or Race <u>Negro</u>	Birth-place <u>Germananton Md</u>			
Occupation <u>Formerly Cook</u>	Where Residing if not at place of death <u>—</u>				
Maid, Single or <u>Married</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Henry Moore</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Margret. Prater</u>	Mother's Birthplace <u>Md.</u>				
Name of person giving Information <u>Mother - Margret Moore</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

(29)

✓

PHYSICIAN
OR CORONER

Primary <u>Tubercular peritonitis</u>	How long <u>3 yrs</u>
Immediate <u>Asthma</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>U. D. Nourse</u>
	Address <u>Danversville Md.</u>
Accident or Suicida	




Name
in
Full

CERTIFICATE OF DEATH

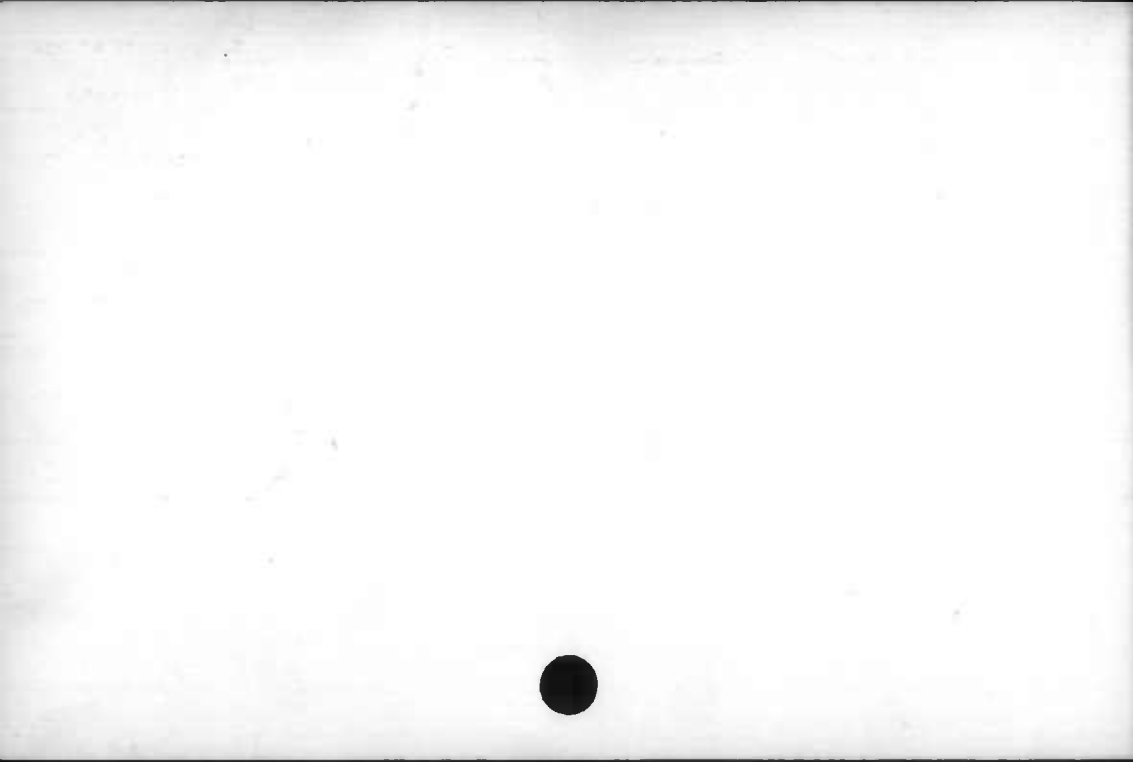
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bethesda</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death	1909	Month	9	Day	18
Age	34	Years		Months	5
Sex	male	Color or Race	Negro	Birth-place	Montg. Co. Md.
Occupation	Wagon Driver		Where Residing if not at place of death		
Married, Single or Widowed	married		Name of Wife or Husband <i>Freda Ellen</i>		
Father's Name	<i>George Wm Naylor</i>		Father's Birthplace <i>Montg. Co. Md.</i>		
Mother's Maiden Name	<i>Emily Stagnor</i>		Mother's Birthplace <i>Montg. Co. Md.</i>		
Name of person giving Information	<i>Emily Naylor</i>		How related to deceased <i>Mother</i>		

CAUSES OF DEATH

Primary	<i>Typhoid Fever</i>	How long	<i>3 weeks</i>
Immediate	<i>Indigestion & Exhaustion</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John L. Lewis M.D.</i>	
		Address <i>Bethesda, Md.</i>	
			
<input checked="" type="checkbox"/> Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

Alice Norris

CERTIFICATE OF DEATH

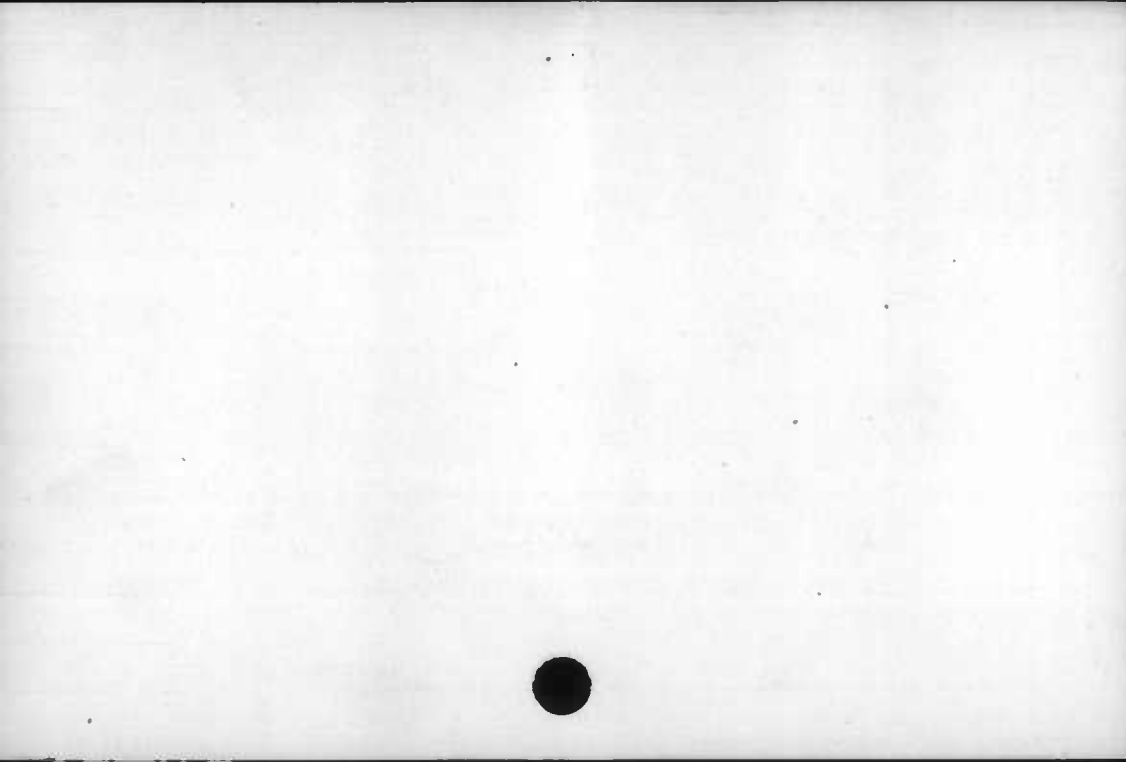
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Boleville</i> ^{Town}			<i>Montgomery</i> ^{County}			MARYLAND			
Date of death	1909	Month	Sept	Day	8	Age	Years	45	
						Months		3	
						Days		2	
Sex	<i>Female</i>			Color or Race	<i>Colored</i>			Birth-place	<i>Va.</i>
Occupation	<i>Housewife</i>			Where Residing if not at place of death					
Married, Single or Widowed	<i>Married</i>			Name of Wife or Husband	<i>Geo. Norris</i>				
Father's Name	<i>Unknown</i>					Father's Birthplace	<i>Unknown</i>		
Mother's Maiden Name	<i>"</i>					Mother's Birthplace	<i>Va.</i>		
Name of person giving information	<i>Geo. H. Mann</i>					How related to deceased	<i>Marshall</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Valvular disease of Heart</i>	How long	<i>2 yrs.</i>
Immediate	<i>Ascites</i>	How long	<i>2 mos</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>H. T. Brown</i>	
Accident or Suicide?		Address	
		<i>Silver Spring, Md</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Aunt Rebecca Pearse* Town *Comus* County *Montgomery* MARYLAND

Died at *Comus*

Date of death *1909* Month *Sept.* Day *26* Age *78* Years Months *10* Days

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *James A. Pearse*

Father's Name *Elias Delashmuth* Father's Birthplace *Ind*

Mother's Maiden Name *Eliza Michael* Mother's Birthplace *Ind*

Name of person giving information *Frank Pearse* How related to deceased *Son*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

Senile debility -

How long

1 yr

Immediate

Uremia

How long

1 wk

Are the name, age, sex, color, date and place correctly given above?

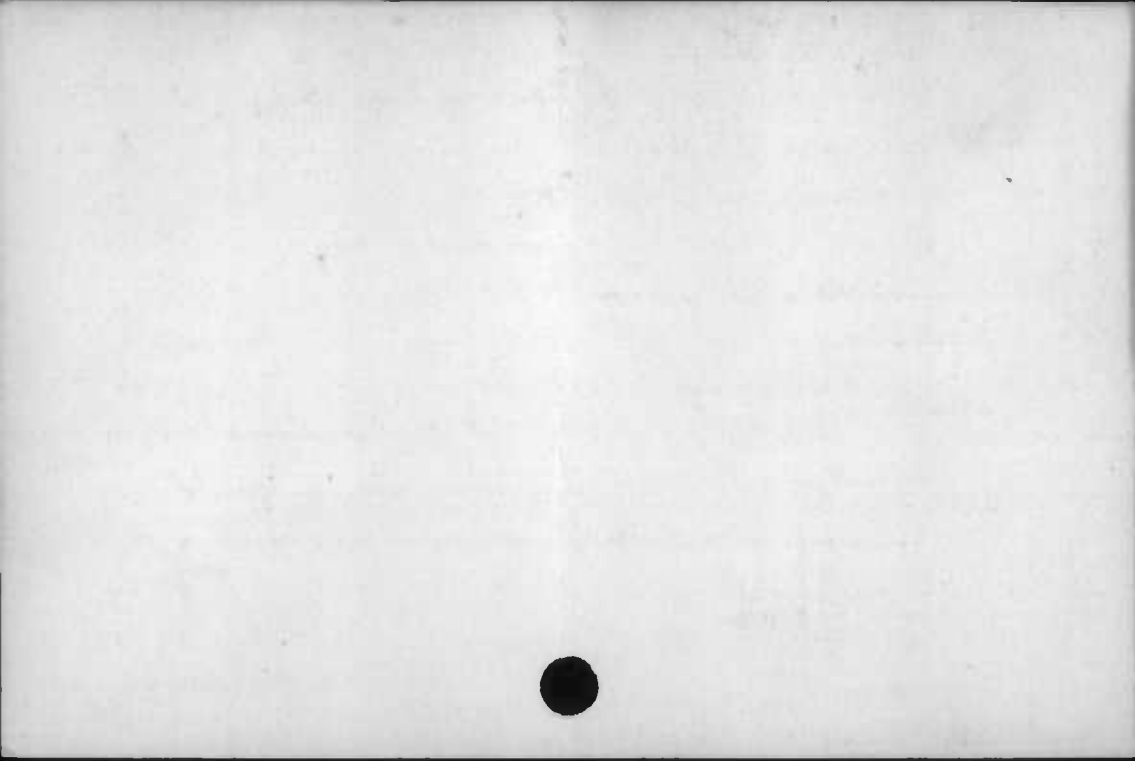
yes

Signature of Physician

Address

J. J. [Signature]
Delaware, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName of Deceased *Unnamed child of Richard Brathers*Died at *Poolsville* TownCounty *Montgomery*

MARYLAND

Date of death *1908 Sept 30*Age *—* Months *—* Days *6 hrs*Sex *male*Color or Race *colored*Birthplace *md*Occupation *Infant*Where Residing if not at place of death *—*Married, Single or Widowed *single*Name of Wife or Husband *—*Father's Name *Richard Brathers*Father's Birthplace *md*Mother's Maiden Name *Birtha Brathers*Mother's Birthplace *md*Name of person giving Information *Richard Brathers*How related to deceased *Brathers*

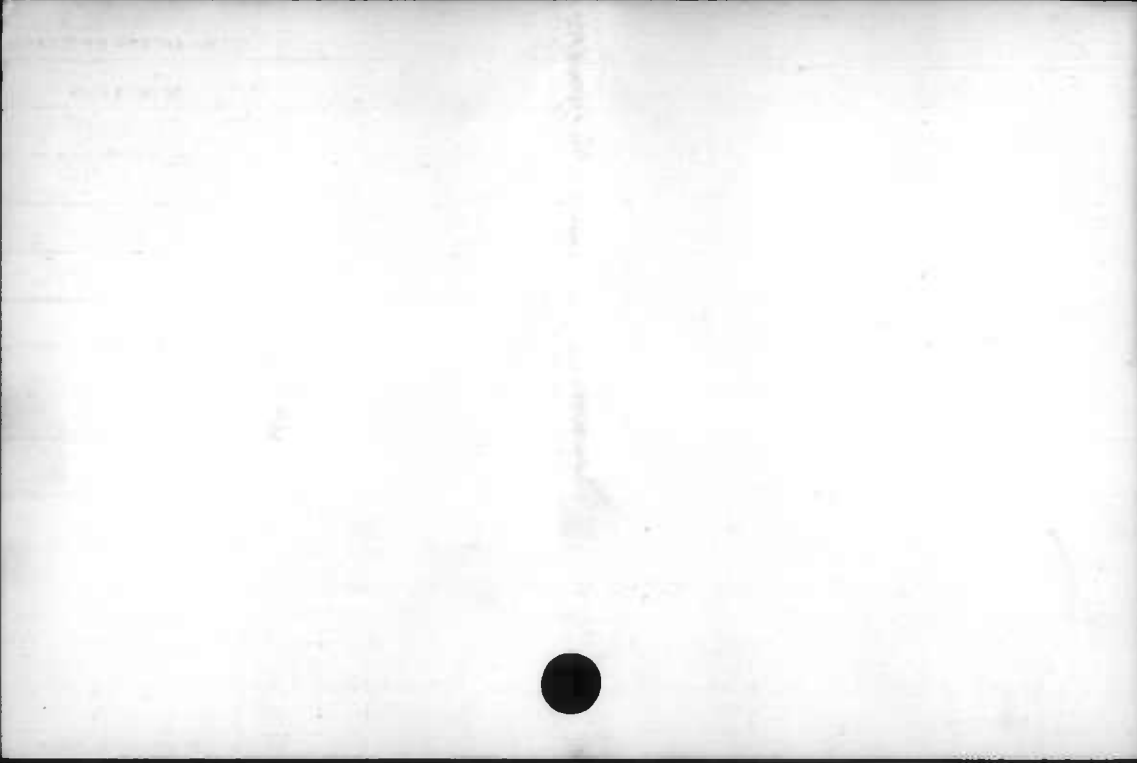
CAUSES OF DEATH

151

Primary *Primarily Born*How long *2 mo - early*Immediate *Respiratory & cardiac catheter*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *E W White*Address *Poolsville md*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Engine Reed* Town *Farmington* County *Montgomery* MARYLAND

Died at *Farmington Hospital*

Date of death 190 *9* Month *9* Day *16* Age *0* Years *0* Months *1* Days *8*

Sex *male* Color or Race *white* Birth-place *D.C.*

Occupation *✓* Where Residing if not at place of death *✓*

Married, Single or Widowed *✓* Name of Wife or Husband *✓*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Iida Reed* Mother's Birthplace *Unknown*

Name of person giving Information *Mrs. H.W. Kellum* How related to deceased *Sister Hospital*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary *Premature Birth*

Immediate *Exhaustion*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John L. Lewis, M.D.

Bethesda, Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mr Rockville</u> ^{Town}		<u>Montgomery</u> ^{County}		MARYLAND	
Date of death 190 <u>9</u> ^{Month} <u>Sept</u> ^{Day} <u>28</u> ^{Years}	Age	<u>5</u> ^{Months}	<u>5</u> ^{Days}		
Sex <u>male</u>	Color or Race <u>black</u>	Birth-place <u>Mr Rockville</u>			
Occupation <u>none</u>	Where Residing if not at place of death				
Married , Single <u>or Widowed</u>	Name of Wife or Husband				
Father's Name <u>Frank Swell</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Rosetta Brown</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving Information <u>Frank. Swell</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <u>Inanition</u>	How long <u>5 days</u>
Immediate <u>Exhaustion</u>	How long <u>5 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>C. H. Mannas</u>
<u>Died without attending physician</u>	Address <u>Health Office, Md. Rockville, Ind</u>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mar</i> <i>Brooksville</i> <i>Shipley</i> <i>Montgomery</i> <i>County</i>		TOWN		COUNTY		STATE	
Date of death <i>1909</i> <i>Sept.</i> <i>19</i>		Month		Day		Years	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Montg. Co. Md.</i>		Months	
Occupation <i>None</i>		Where Residing if not at place of death				Days	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband					
Father's Name <i>Smith Shipley</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Mary Wren</i>		Mother's Birthplace <i>Va</i>					
Name of person giving information <i>Mary Wren</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

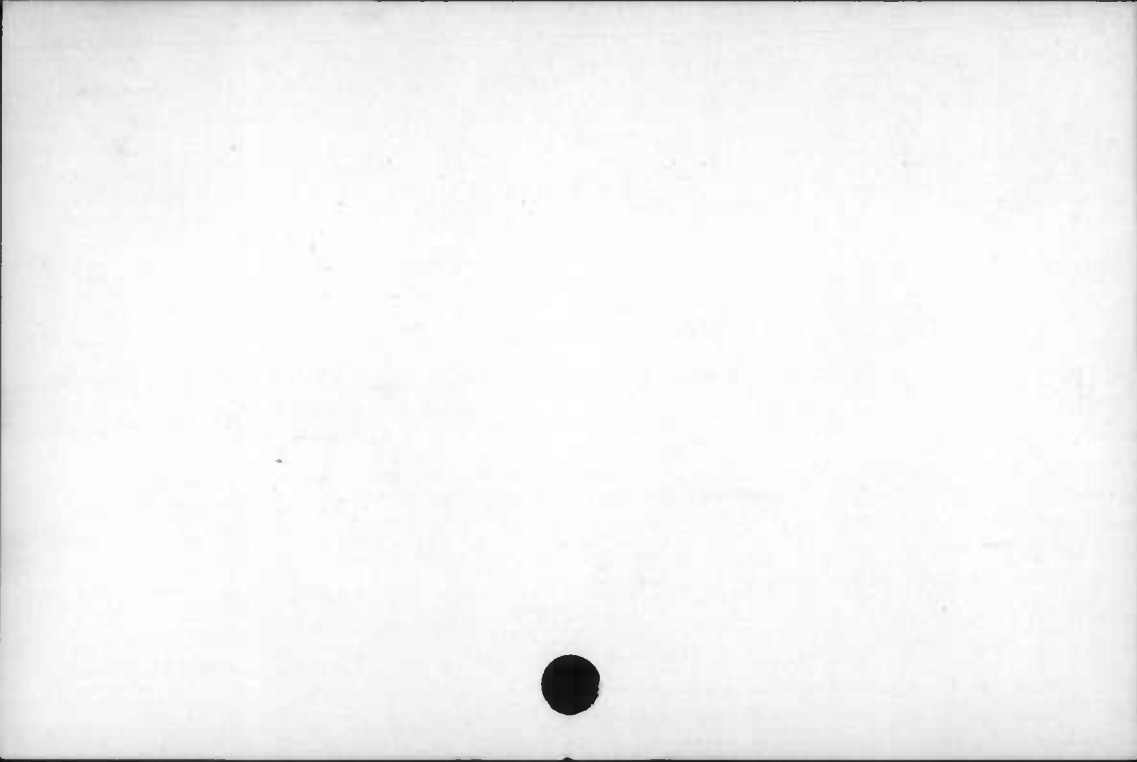
W. F. Green

Address

Brooksville, Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

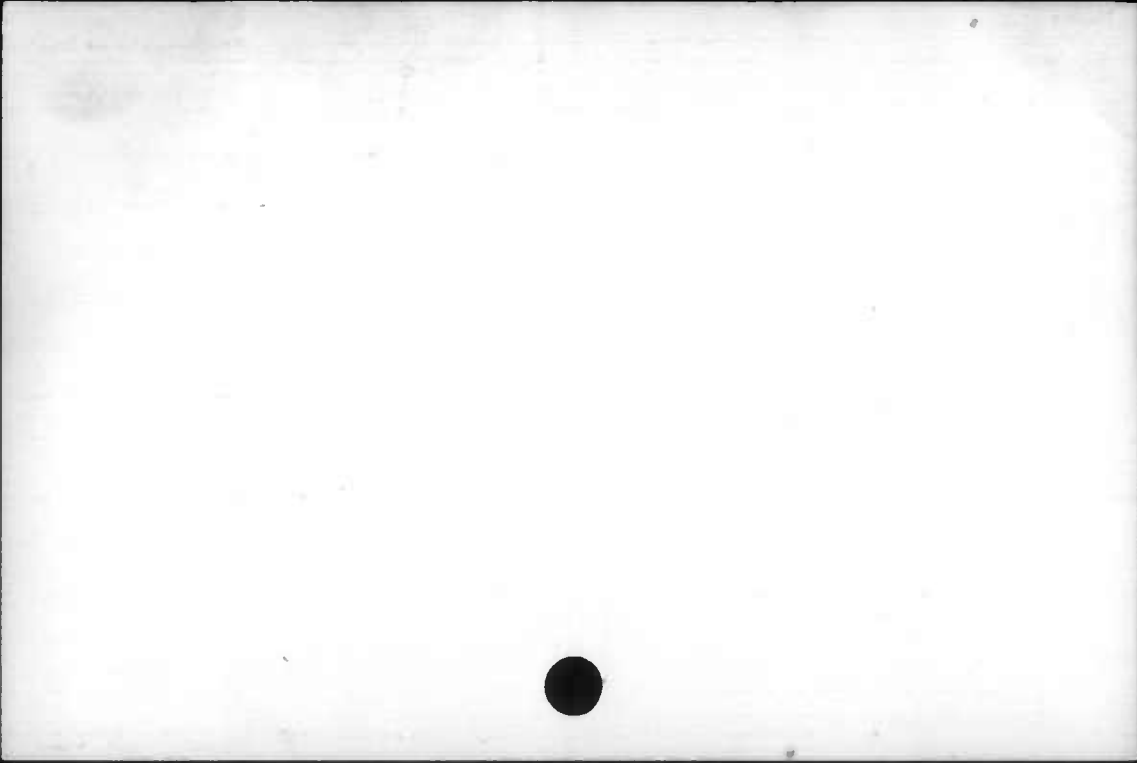
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Erma Sigemore</i>		Town <i>Farmington</i>		County <i>Montgomery</i>		State <i>MARYLAND</i>	
Died at <i>Farmington Hospital</i>		Month <i>9</i>		Day <i>9</i>		Years <i>0</i>	
Date of death <i>1909</i>		Month <i>9</i>		Day <i>9</i>		Years <i>0</i>	
Age <i>0</i>		Months <i>5</i>		Days <i>14</i>			
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>DC</i>			
Occupation <i>✓</i>				Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed <i>✓</i>				Name of Wife or Husband <i>✓</i>			
Father's Name <i>Walter Sigemore</i>				Father's Birthplace <i>Washington</i>			
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Unknown</i>			
Name of person giving Information <i>Mr. H. W. R. R. R. R.</i>				How related to deceased <i>Sept. Hospital</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>about 3 mos</i>
Immediate <i>Exhaustion</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John L. Lewis M.D.</i>
	Address <i>Bethesda, Md.</i>
Accident or Suicide <i>✓</i>	



Name
in
Full

Baby Workman -

(unnamed)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Takoma Park</u> ^{Town}		<u>Montgomery</u> ^{County}		MARYLAND	
Date of death	<u>1909</u>	Month <u>Sept-</u>	Day <u>29th</u>	Age <u>46 hours</u>	Months <u> </u> Days <u> </u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Takoma Park</u>		
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married, <u>Single</u> or Widowed <u> </u>			Name of Wife or Husband <u> </u>		
Father's Name <u>W. D. Workman</u>			Father's Birthplace <u>Oregon</u>		
Mother's Maiden Name <u>Mabel E White</u>			Mother's Birthplace <u>Switzerland</u>		
Name of person giving information <u>W D Workman</u>			How related to deceased <u>father</u>		

CAUSES OF DEATH

176

✓

PHYSICIAN
OR CORONER

Primary	<u>Injuries at birth -</u>	How long	<u>(long labor)</u>
Immediate	<u>Convulsions -</u>	How long	<u>24 hours -</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Lauretta Kress -</u>	
<u>As far as I am aware</u>		Address <u>Takoma Park -</u>	
Accident or Suicide?		<u>L. M. Moore - Registrar, Takoma Park, Md.</u>	

